NEW HAMPSHIRE STATEMENT OF FINANCIAL INTERESTS - RSA 15-A

| Type or Print Cl | learly | | | | | | |
|--|--|---|---|--|---|---|---|
| Full Name Tedd Evans | | | | Work Address | 27 Green Street, Concor | d, NH 03301 | DECENTER |
| Primary Occupa | ry Occupation Building Inspector | | | e-mail *optional | Work Phone | | 225-8580 |
| Name(s) of offic employment wi | th governn | nent Member | | or Regulation and Licensing of | | | NEW HAMPSHIP |
| proprietor, or e | mployee, o | r served in any | other professional | business, or other organization or advisory capacity, and fro retirement and/or disability ben | m which any income in e | member was an offic xcess of \$10,000 was | er, director, and the preceding the preceding |
| 1. City of | Concord, 3 | 7 Green Street Co | oncord, NH 03301 | - Code Administration - Chief B | Building Inspector/Child Hea | alth Services -Manches | ter, NH - Clinic Coordinator |
| 2. Plumb | ing Educat | tion Services, 33 Angela Way, Concord, NH - Training Services | | | | | |
| 3. NH Re | tirement Sy | stem - State of N | Н | | | | |
| If you have no q | ualifying in | come indicate by | writing your initia | ls next to the following statem | ent. My income does i | not qualify | |
| reportable speci discipline a licer financial effect o | ial interest in see or perron on you or a | n an item on this nittee, or other d family member th | list if a change in I ecision by governr nan it would on th | | rule, a decision whether or ess, profession, occupation, | not to award a contra group, or matter wou | ct, grant a license or permit, Id potentially have a greater |
| · — | | | NH Gasfitters Licen | certified by the State of New Hasse | ampshire. List each such pr | oression, occupation, o | or category or business |
| | Care $ egin{array}{c c c c c c c c c c c c c c c c c c c $ | 3. Insurance | 11 | ate, including brokers, velopers, and landlords | 5. Banking or financial services | | of New Hampshire, county, or Il employment |
| 7. N.H. Re System | tirement | 11 | urrent use land sment program | 9. Restaurants/ lodging | 10. Sale and o | listribution of alcholic | 11. Practice of law |
| T 12. Any bu | | lated by the Pub | | . Horse or dog racing, or other gambling | legal forms 14. Edu | cation | ter Resources |
| 16. Agrico | ulture | 17. N.H. taxes: | Business Profits Tax | | idanda Tau | ional: Specify any other | er area in which you have a |
| RSA 15-A:7 Pen | lalty. Any p lute defens | erson who know e in any prosecut | ingly fails to comp | oing information is true and colly with the provisions of this copter that the personacted in re | hapter or knowingly files a eliance upon an advisory op | false statement shall b | |
| | Print Form | | | Signature of Reporting I | | Date | |